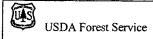


MODIFICATION OF GRANT OR AGREEMENT					PAGE	OF PAGES
					1	2:
		OOPERATOR GRANT or 3. MODIFICA		TION NUME	BER:	
10-FI-11050359-025 AGREEMENT N			UMBER, IF ANY:	001		
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING						
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):			PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):			
El Dorado National Forest			El Dorado National Forest			
100 Forni Rd			100 Forni Rd			
Placerville, CA 95667-531			Placerville, CA 95667-5310			
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):			
Lockwood FPD			payment use oray).			
P.O. Box 221						
Volcano, CA 95689-0221						
8. PURPOSE OF MODIFICATION						
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement						
THAT APPLY:	referenced in item no. 1, above.					
$\boxtimes$	CHANGE IN PERFORMANCE PERIOD: May 1, 2012 through April 30, 2013					
	CHANGE IN FUNDING:					
$\boxtimes$	ADMINISTRATIVE CHANGES: Change FS Adminstrative Contact to: John V. Hefner, Grants Management Specialist,					
	631 Coyote St., Nevada City, CA 95959. Telephone: 530-478-6828 Fax: 530-478-6126 Email:jvhefner@fs.fed.us					
OTHER (Specify type of modification):						
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full						
force and effect.						
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):  Approach Control of the						
Annual Operating Plan for 2012 is the same and will remain in effect through April 30, 2013						
10. ATTACHED DOCUMENTATION (Check all that apply):  Revised Scope of Work						
	Revised Financial Plan					
	Other:					
11. SIGNATURES						
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF						
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.						
11.A. Nevada County		II.B. DATE	11.C. U.S. FOREST SERVICE SIGNAT	URE	T i	I.D. DATE
SIGNATURE	OCK WOULD FIRE PIE	SIGNED	CM. DIA	0.		IGNED
En!		wer wow wa	<i>γ</i> \	15	1/1/12	
(Signature of Signatory Official)			(Signature of Signatory Official)			110112
11.E. NAME (type or print): DAVE LONG			11.F. NAME (type or print): KATHYRN D. HARDY			
11.G. TITLE (type or print): Fire Chief			11.H. TITLE (type or print): Forest Supervisor			
12. G&A REVIEW						
12. G&A REVIEW  12.A. The authority and format of this modification have been reviewed and approved for signature by: 12.B. DATE						
12.8. The authority and format of this modification have been reviewed and approved for signature by:    12.8. DATE   SIGNED						
Wille Hankle						Corps
KELLIE HAMILTON, R5						
U.S. Forest Service Grants & Agreements Specialist						



## **Burden Statement**

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